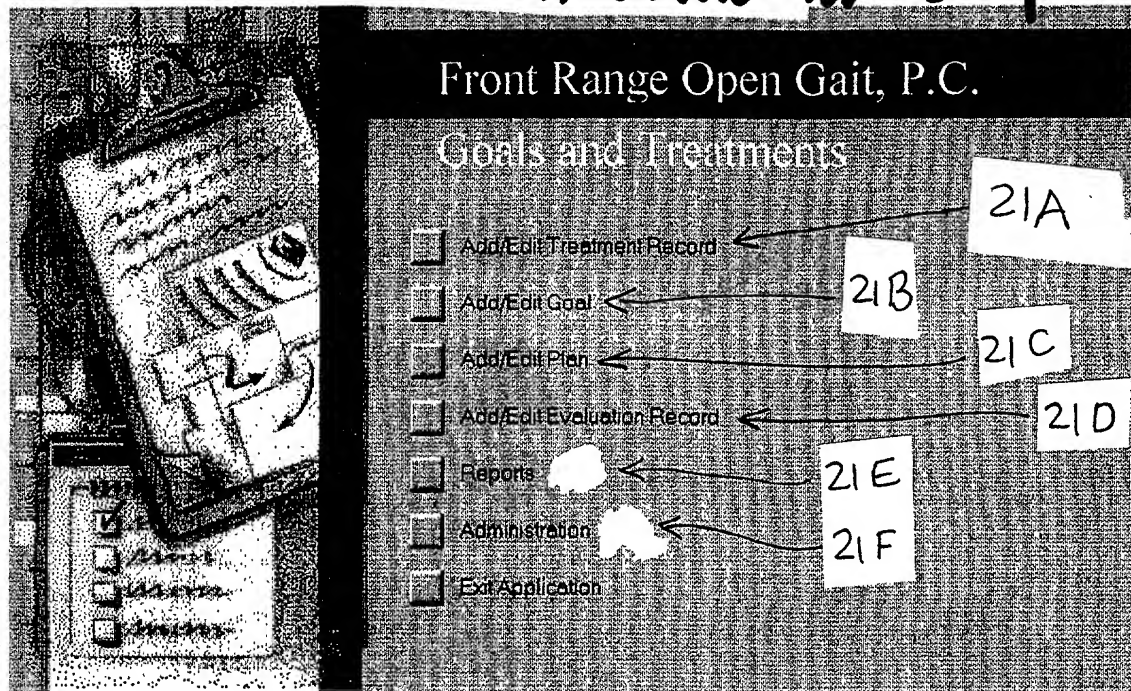


FIG. 1

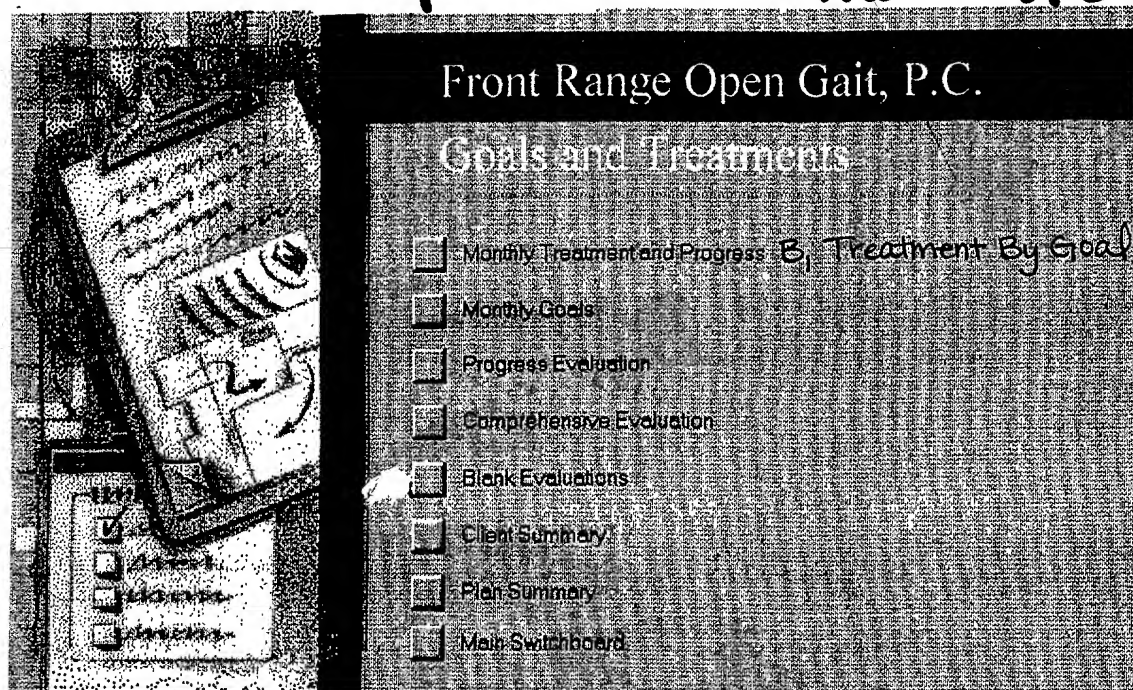
Initial Information Display



20A

FIG. 2A

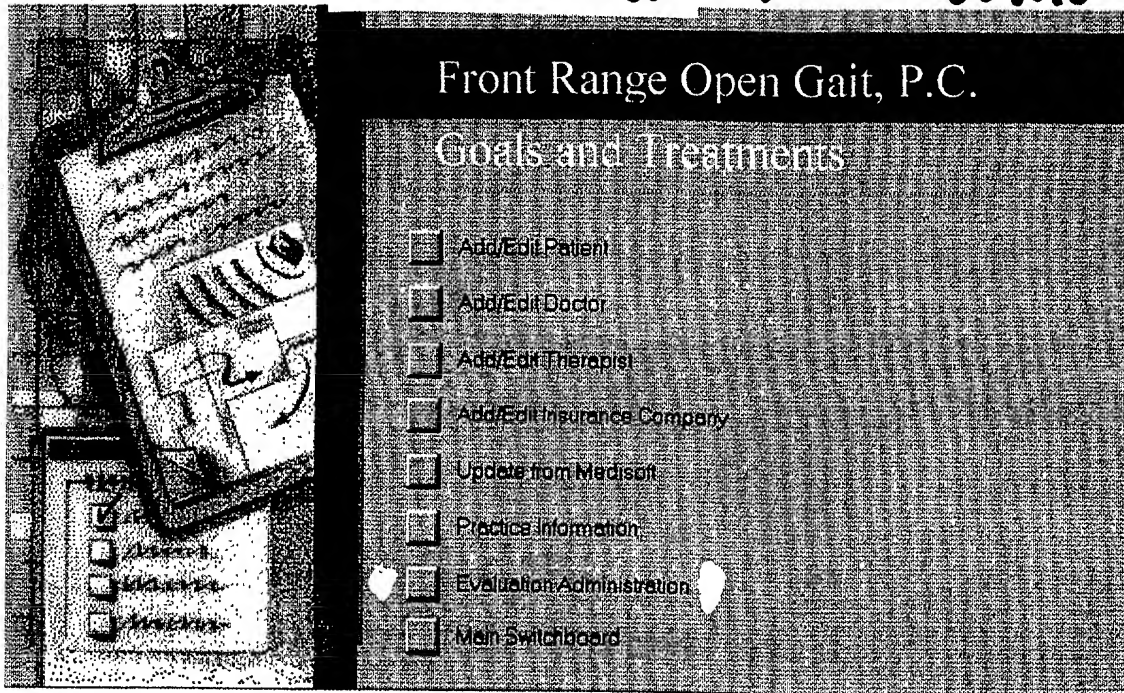
Reports Information Display



20B

FIG. 2B

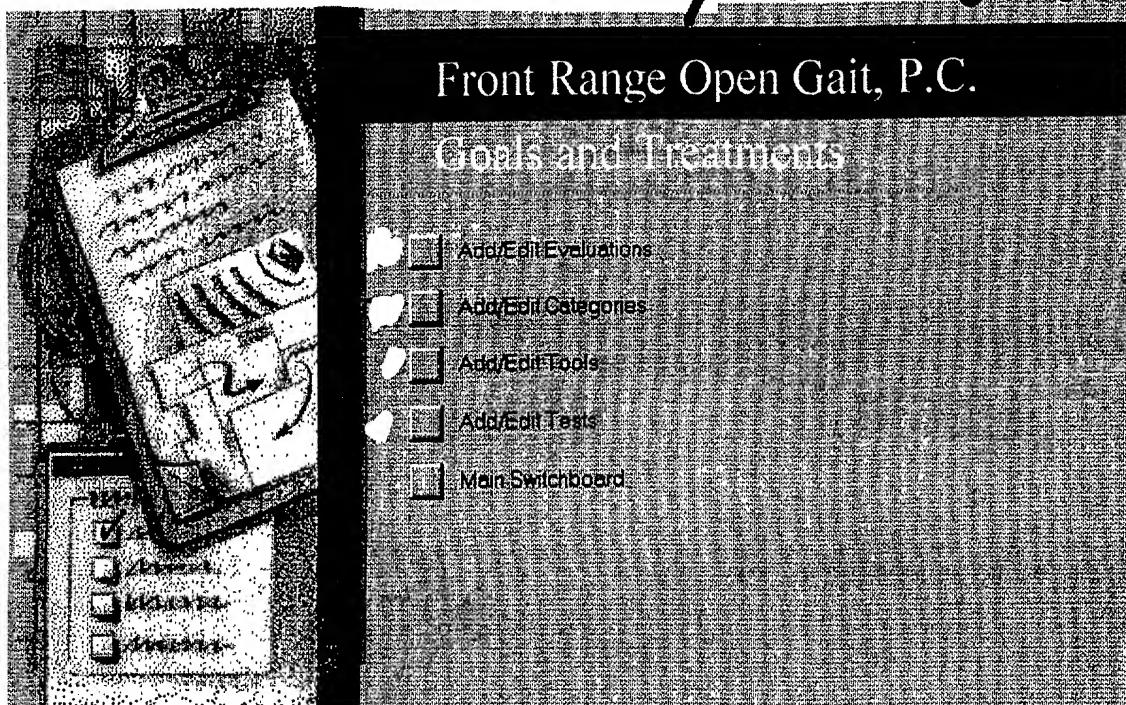
Administration Information Display



20C

FIG. 2C

Evaluation/Administration Display



20D

FIG. 2D

FIG. 2E

25A

Speech Pathology		Unit	Physical Therapy		Unit	Occupational Therapy		Unit
Evaluation Codes by Discipline								
Speech Evaluation	92506		Physical Therapy Eval.	97001		Occupational Therapy Eval.	97003	
Swallowing/Oral Function Treatment	92526		Physical Therapy RE-Eval.	97002		Occupational Therapy RE-Eval	97004	
Therapy Session			ROM Each extremity		95852	ROM Hand		95852
Speech Treatment	92507		ROM Hand		95851			
Cognitive Skill Development	97532		Physical Test & Measurement (AIMS, GMFM, ASQ, etc.)		97750	Functional Codes		
Sensory Integration	97533							
G Codes - by report			Traction		97012	Direct Therapeutic Activities		97530
			Electrical Stimulation		97014	Sensory Integration		97533
			Whirlpool		97022	Cognitive Skill Development		97532
Speech Group Therapy	92508		Hot/Cold Pack		97010	ADL Self Care Management		97535
MODIFIERS			Electrical Stimulation-Manual		97032	Community/Work Reintegration		97537
Distinct Procedural Service	77mcd / 59		Iontophoresis		97033	Wheelchair/Equipment Mgmt.		97542
Reduced Services	52		Ultrasound		97035	Work Hardening/Conditioning		97545
Separate & Significant (Eval & RX same day)	25		Functional Codes			Exercise		
Unusual procedural Service (Co-Treatment)	22		Aquatic Therapy		97113	Aquatic Therapy		97113
			Direct Therapeutic Activities		97530	Therapeutic Exercise/HEP		97110
Physical Therapist	GP		Manual Therapy (Joint Mob, STM)		97140 mcd.	Neuromuscular Re-Education		97112
Occupational Therapist	GO		Cognitive Skill Development		97532	Group Therapy		97150
Speech Therapist	GN		Sensory Integration		97533 mcd.			
EPSDT CLINIC - ONLY			Exercise			Missed Appointments		
Physical Test & Measurement	97750		Massage		97124	Cancelled by Therapist		1000
Team Medical Conf. 30 min.	99361		Therapeutic Exercise/HEP		97110	Cancelled by Patient		1100
Team Medical Conf. 60 min.	99362		Neuromuscular Re-Education		97112	NO SHOW		1110
Office Procedures			Gait/Lower Quarter			I acknowledge receipt of medical services and authorize the release of any medical information necessary to process this claim for healthcare payment.		
Office Visit	99211		Gait Training		97116			
Consultation	99241		Orthotics Training/Fitting		97504			
Miscellaneous Codes			Prosthetics Training		97520			
Unlisted Procedure	99070		Prosthetics/Orthotics Check Out		97703			
			Equipment/Community Codes			Parent/Guardian Signature:		
			ADL Self Care Management		97535			
			Community/Work Reintegration		97537			
			Wheelchair/Equipment Mgmt.		97542			
Conveyance of Orthosis/Prosthetics	99002		Work Hardening/Conditioning		97545	Witness to Treatment		
Cast Supplies - \$75.00	A4580		Group Therapy		97150			
Casting - Invoice Procedure	29799							
Location		Check Box						
CLINIC			ICDM 9 Codes:			Time in: Time out: Preparation/ Doc Rev. Returned:		
CLIMBING WALL								
HOME								
ORTHOTIST/DME PROVIDER								
POOL								
RVETC								
SCHOOL								
OTHER			Therapist Signature		License #			

267

269

26L

Comments:

Goals Addressed during Treatment Session

Appropriate CPT Descriptor

Progress Toward Goal During/After Treatment:

	<u>28A</u>	<u>29A</u>
	<u>28B</u>	<u>29B</u>
	<u>28C</u>	<u>29C</u>

Teaching Response:

Change in Plan:

Therapist Signature:
License #:

56CH

Date Transcribed:

Initials:

FIG. 2F

30

31A

☐ All records

⏮ ⏪ ⏩ ⏭ ⏴ ⏵ ⏶ ⏷

Treatments

Treatment Date: 27-Dec

Patient:

Goal:

Progress:

Session Length: 15

Therapist: T: M.S., P.T

36A

38A

32B

☐ All records

⏮ ⏪ ⏩ ⏭ ⏴ ⏵ ⏶ ⏷

Treatments

Treatment Date: 11-Sep

Patient:

Goal:

Progress: CKC standing, 1/2 kneeling and transitions with EO/IO facilitation

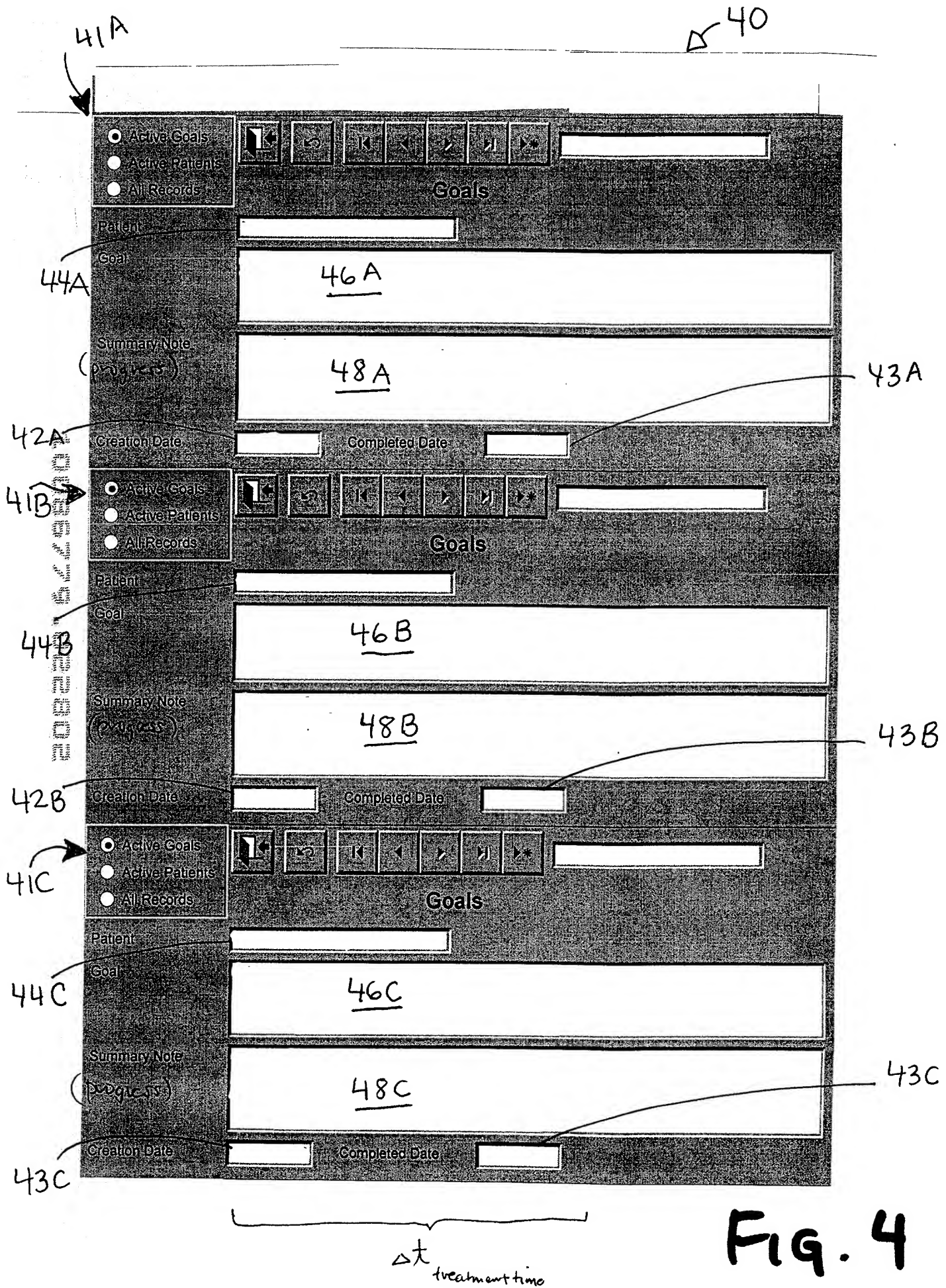
Session Length: 15

Therapist: Lisa PT

36B

38B

Fig 3



51A

50

52A

54A

55A

56A

51B

52B

54B

55B

56B

Active Patients

All Records

Plans

Plan Date

Patient

Plan

Rehab Potential

Good

Fair

Poor

Implement next month's goals

Re-evaluation

Conference

Equipment

Discharge

Fig. 5

560

61A

☐ All records

Evaluations

62A Evaluation Date

64A Patient Therapist 65A

Evaluation Category Test 69A

66A Tool Test Position Plane

67A Note

68A

61B

☐ All records

Evaluations

62B Evaluation Date

64B Patient Therapist 65B

Evaluation Category Test 69B

66B Tool Test Position Plane

67B Note

68B

FIG. 6

FIG. 7A

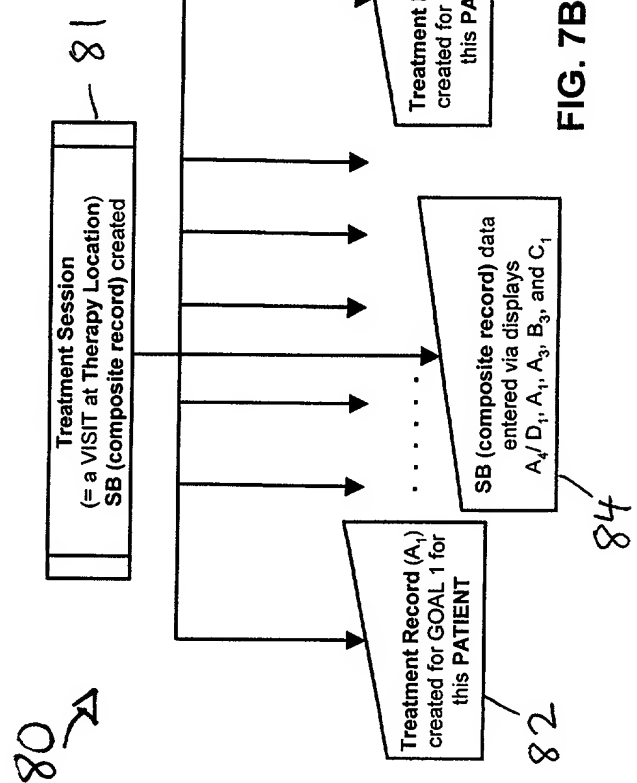
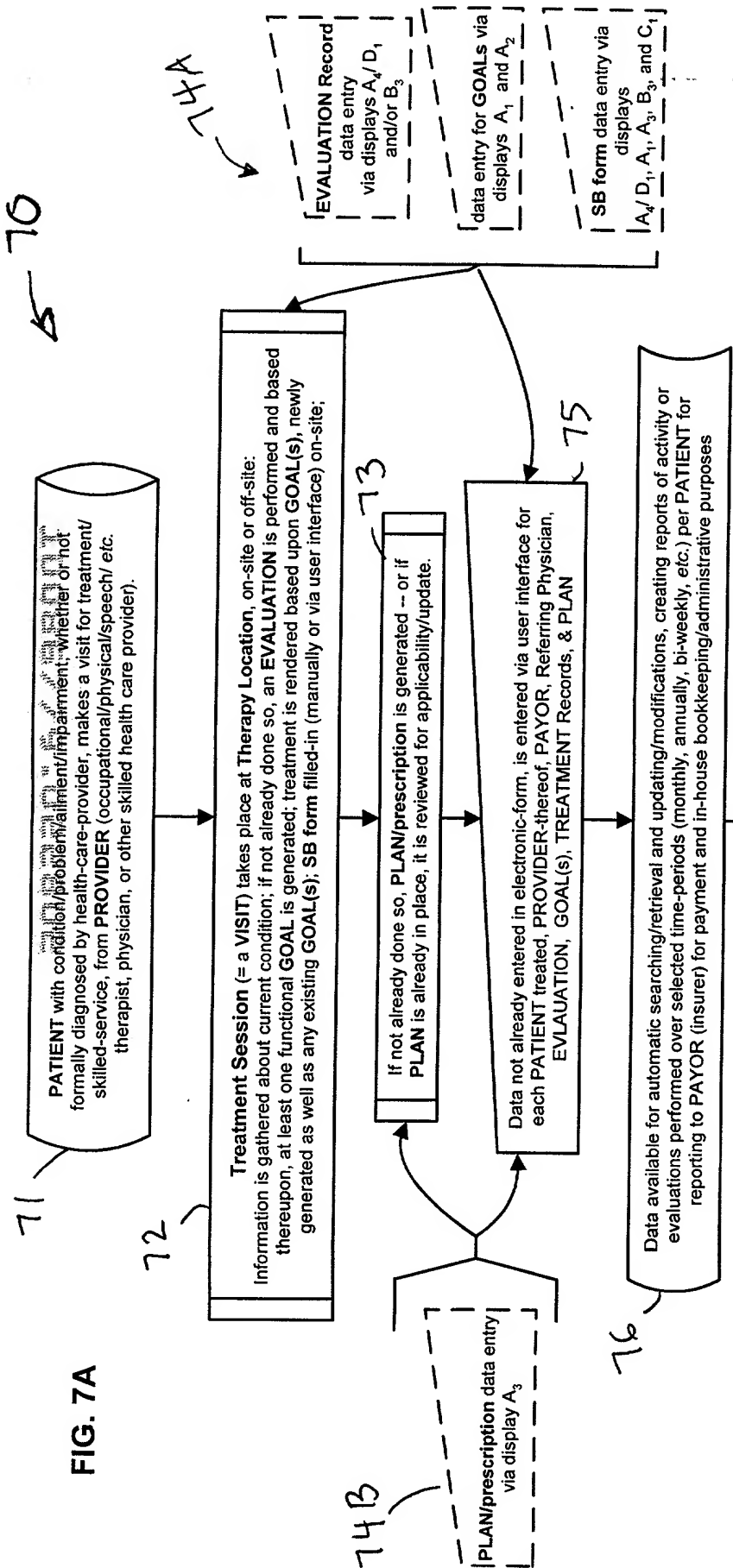


FIG. 7B

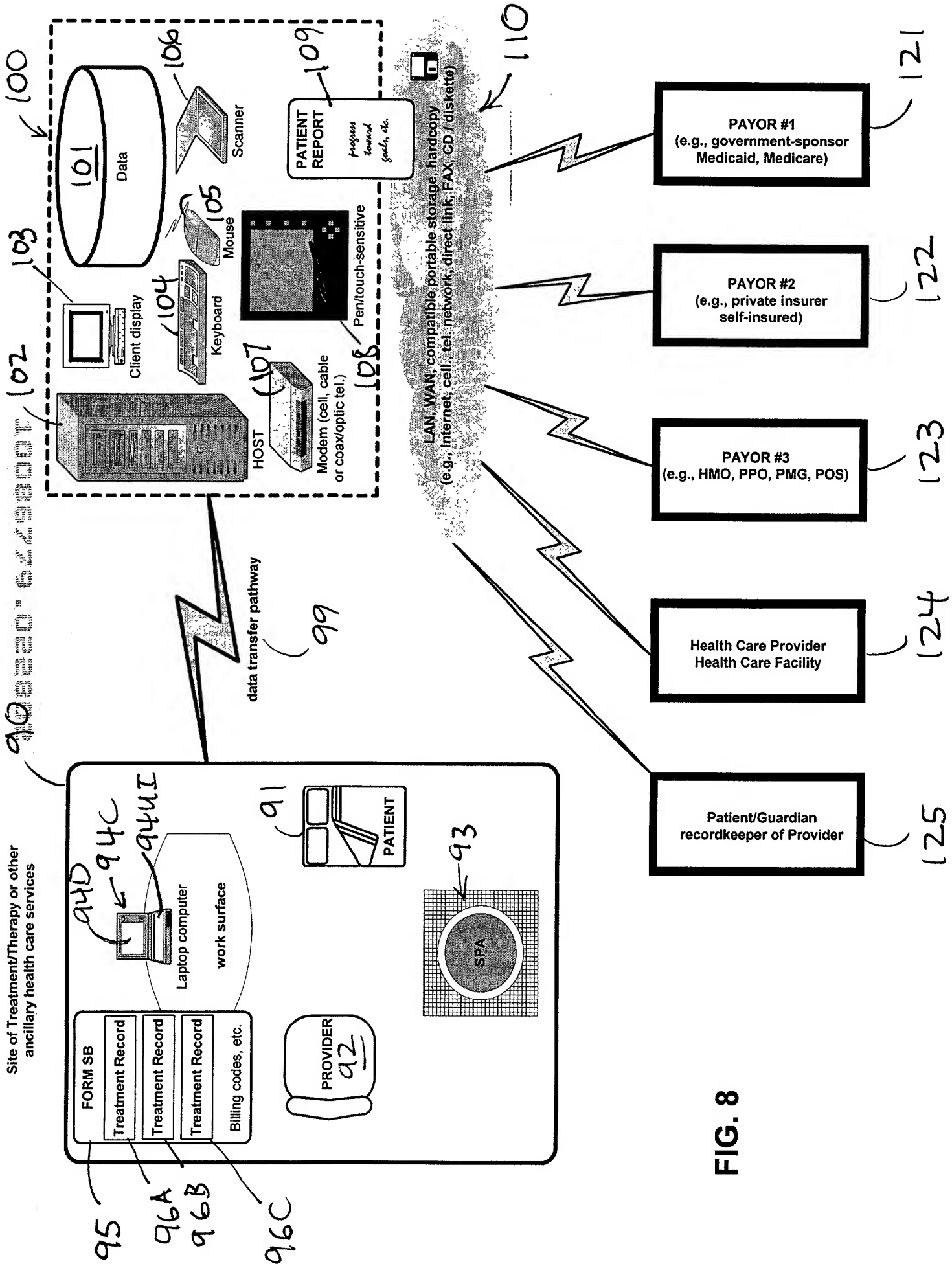


FIG. 8

